

KY Medicaid Prescriber Information Form

(To be completed for non-participating Kentucky Medicaid providers who request privileges to write prescriptions for Kentucky Medicaid Members)

Prescriber Name: _____

Prescriber Social Security Number: _____

Physical Address of Prescriber: _____

Prescriber License Number: _____
(Please attach copy of license.)

DEA Number (If Applicable): _____

NPI: _____

Taxonomy Code: _____

Name of Board Certification (If Applicable): _____
(Please attach board certification, if applicable.)

Prescriber's Phone Number: _____

Name of person completing form: _____

If you have any questions, please contact Provider Enrollment at (502)-564-1012.

Please fax this form accompanied by a copy of the Prescriber's license, DEA (if applicable) and any applicable board certifications to the following:

Provider Enrollment
Fax Number: (502) 564-3232